

**DEPARTMENT OF CHILDREN AND
FAMILY SERVICES**

NAME /ADDRESS CHANGE/PRIVACY ACT FORM

Personnel Number: P00_____

Are you submitting a name change request: ☐ Yes ☐ No ☐ N/A

If yes, list current name: _____
First Middle Last

New Official Name: _____
First Middle Last

☐ **A signed copy of your social security card must be attached.**

Are you submitting an address change request: ☐ Yes ☐ No ☐ N/A

Current mailing address:

My permanent/physical address is:
(If different from mailing address)

Resident Parish: _____

Home Telephone No.: _____

☐ I would like to have my home address designated as private.

☐ I do not wish to have my home address designated as private.

☐ I would like to have my home telephone number designated as private.

Employee Signature

Date

I certify that the above information is accurate and that it is my personal responsibility to either notify the Human Resources Division immediately of any changes to my mailing address, or update my address information via LEO. I understand that the above mailing address is where my payroll personnel/related information will be mailed to.

ORIGINAL FORM TO BE FORWARDED TO DCFS HUMAN RESOURCES DIVISON